

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION*	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>W</i>	<i>64934</i>	<i>8/26-00</i>
RESPONSE FORMALITY REVIEW			<i>9-28-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	3/1/00
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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